



Supplemental Healthcare Staffing Agency

Explanation of Appeal Rights

This form is intended for appeals of Colorado Department of Labor and Employment Supplemental Healthcare Staffing Agency fines.

To appeal other kinds of determinations, use the forms available at <https://cdle.colorado.gov/dlss/decisions-and-appeals-information>.

The Division must receive the appeal no later than 35 calendar days from the date the fine was ordered. The Division cannot accept late appeals. If no appeal is received by the applicable deadline, the fine is final. Fill out the form completely and sign it. Explain why you believe the fine was issued in error. Attach any evidence that could help you prove there is an error. Make a copy before filing. Keep a copy of your completed appeal form and any evidence for your records.

If a compliance order was issued, an agency or principal may request that a compliance order be postponed ("stayed") pending an appeal decision. An appeal of a fine is not a request for stay of a compliance order (an order to do something other than pay fines). If you want a compliance order stayed, you must specifically request it in the appeal filing. The agency or principal should file its appeal and stay request as soon as possible after the order (if possible, do not wait until the 35-day deadline), so the Director has as much time as possible to address the request before the order takes effect. There is no guaranteed right to a stay.

Most fine orders do not include compliance orders, in which case this does not apply.

File your completed, signed appeal form and any new evidence. You may file by mail, hand delivery, email, or fax.



Mail or hand delivery:

Division of Labor Standards and Statistics
707 17th Street
Denver, CO 80202

Email: cdle_health_staffing@state.co.us

Fax: (303) 318-8400

Once the appeal is received, the Director will review the appeal request, evidence submitted with the appeal, and any other relevant information. The Director will make a decision based on the record and will notify the Supplemental Healthcare Staffing Agency of the final Division decision.

Questions? Email cdle_health_staffing@state.co.us or call (720) 235-8291. Staff may answer questions about this process, but they may not discuss the facts of your case with you.

Supplemental Staffing Agency Request Form

Supplemental Healthcare Staffing Agency Name:

Your Name:

Email address

Telephone number

Mailing Address

City, State, Zip

If you will be represented by a third party, write their name, address, phone number, and email address below. If you have not already done so, file an [Authorized Representative Form](#) with the Division.

Has the agency or principal filed for bankruptcy?

Yes

No

Unsure

Do you need an interpreter or other accommodation?

Yes

No

Unsure

If yes, explain what you need:



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www.ColoradoLaborLaw.gov | www.LeyesLaboralesDeColorado.gov

Describe the error in the fine that was ordered i.e., why you are appealing). Attach additional pages if necessary. If you have evidence, attach it or explain what you intend to submit.



Complete this box only if you are requesting a postponement (“stay”) of a compliance order as part of this appeal. A compliance order is an order for the staffing agency or principal to do or to stop doing something (aside from paying fines). If a compliance order is set to take effect before an appeal is decided, the agency or principal can request that it be put on hold (stayed) until the appeal is decided. **Most staffing agency fines do not include compliance orders, in which case this box does not apply and can be left blank.**

If you want to ask for a stay, state your case here. Attach additional pages if needed. One of the considerations is whether the fine should be reversed overall, but do not repeat why here, since the prior page asked you to so explain there, and we will consider that explanation in your request for a stay. Rather, explain in detail, and you may cite or attach any evidence, as to what, if any, particular hardship(s) you will face if the order is not stayed until after the appeal is decided, and (optionally) any reasons you think granting a stay would not cause hardship to the public interest. Requests for stays usually are decided based on written submissions, before a review of the merits of the appeal. There are not likely to be further submissions or proceedings on the stay request beyond what you state here, along with any response(s) from other interested parties.



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I understand that any person providing false information to the Division of Labor Standards and Statistics may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both. I declare under penalty of perjury (C.R.S. § 18-8-501, et. seq.) that the information I provided is true and correct. If I am not the appealing party, I certify that I am acting on their behalf.

Signature of the Person Appealing (or authorized representative)

Date MM/DD/YYYY)